

FOCUS GROUP QUESTIONS

PURPOSE:

The Consumer Focus Groups are intended to gather information about the interest and magnitude of individual and family interest in changing current services and support. This information will be used to confirm anticipated shifts in residential and employment supports and predict future caseload patterns. As introductory comments, focus group leaders should explain that the Indiana Bureau of Developmental Disabilities Services is committed to finding new ways to help people live and participate in their neighborhoods and communities. As part of that commitment, the Bureau of Developmental Disabilities Services is asking people to think about the current kinds of supports they are receiving and identify services that are working well, and services that need to be changed or improved.

FOCUS GROUP QUESTIONS:

1. Current Services:

- Tell me about your home:
 - a. Where do you live?
 - b. How many people live with you?
 - c. What do you really like about where you live?
 - d. How do you get around in your community (e.g. transportation supports)
- Tell me about what you do during the week:
 - a. Do you receive work-related training? If so, what do you do ~~there~~ and how many days per week do you participate?
 - b. Do you go to a day program which? If so, what do you do there and how many days per week do you participate?
 - c. Do you have a job with a business company? If so, what is your job and how many days per week do you do this job? Do you have a job coach who helps you with your job?
 - d. Do you earn any money? If so, how much per week?
 - e. What do you do on the weekends?
- Tell me about your family and friends:
 - a. Do you spend lots of time with your family? If so, how many days per week do you see them?
 - b. Do you like to spend time together with your family? If so, what kinds of things do you do together?
 - c. Do you spend lots of time with your friends? If so, how many days per week do you see them?
 - d. Do you like to spend time together with your friends? If so, what kinds of things do you do together?
 - e. Are there some things that you would like to do by yourself, but you can't? If so, what are those things?
 - f. How do you spend your money?
 - g. Who manages your finances, and can you get money when you need it?

2. Desired Changes:

- Would you like to move to a different home? If so, then tell me...

- a. What kind of home would you like?
 - b. Where would it be located?
 - c. Would you live by yourself, or with friends, or with your current roommates?
 - d. How important are these changes to you?
 - e. Do you know the name of your case manager?
 - f. Have you made your interests known to your case manager, and has that helped?
 - g. How urgent are these changes for you? Have you made your interests known to your case manager, and has that helped?
 - If you do not want to move, are there things that you want changed in your current living situation? If so, then tell me....
 - a. What are those things?
 - b. How important are these changes to you?
 - c. Have you made your interests known to your case manager, and has that helped?
 - d. How urgent are these changes for you? Have you made your interests known to your case manager, and has that helped?
 - If you do not have a job, do you want one? If so, then tell me...
 - a. Where would you like to work?
 - b. What kind of job would you like to have?
 - c. Who would you like to work with?
 - d. How many days per week would you like to work? Full-time / part-time?
 - e. How important are these changes to you? Have you made your interests known to your case manager, and has that helped?
 - f. How urgent are these changes for you? Have you made your interests known to your case manager, and has that helped?
 - If you had to stop receiving one paid service or support, then tell me....
 - a. What would it be?
 - b. How would stopping that service make a difference in your life?
 - c. Is there some other way to get support if that service is not available?
 - If you could add one paid service or support, then tell me....
 - a. What would it be?
 - b. How would adding that service make a difference in your life?
3. Personal Outcomes:
- If you want to move to a different home, why?
 - If you want to change jobs or day activities, why?
 - Are you afraid of getting hurt or injured in your current situation?
 - Do you believe that you are healthy and well and receive adequate health care?
 - How long have you lived in your current home, and how many times in the past five (5) years have you moved?
 - If you have roommates, how long have you lived together?
 - How often have the staff who support you changed or quit? How often do you have new staff to get used to?

- Are you satisfied with your current services and supports? If not, what things would you like to change?
- Are your family and friends satisfied with your current services and supports? If not, what things would they like to change?
- Are you involved in the development of your Person Centered Plan (PCP?)
- Is your PCP input used in the development of your ISP?

REPORT FORMAT:

The report will summarize the following information:

1. Number of primary consumers present at the focus group session
2. Number of secondary consumers present at the focus group session
3. Current Service data
 - List of current providers and percent of respondents enrolled in each
 - List of current services and percent of respondents participating in each service
4. Desired Service data
 - List of desired services and percent of respondents interested in each
 - List of new services not currently offered or available and percent of respondents
 - List of services that would be stopped and percent of respondents
5. Level of Importance and Urgency
 - List of anticipated personal life changes and percent of respondents potentially affected
 - Anticipated timing of changes and percent of respondents potentially affected
 - List of emergency and immediate requests for change
6. Personal Outcomes (responses should range from yes, partially, no, don't know)
 - Percent of respondents who currently feel safe and free from harm
 - Percent of respondents who currently believe that they are healthy and well
 - Percent of respondents who currently believe that they live in stable homes
 - Percent of respondents who currently believe that they are paid fairly for their work
 - Percent of respondents who are currently satisfied with their present level and quality of supports
7. Inventory of other issues identified in the meeting and percent of respondents for each concern